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CONFIRMATION NO. 2388

SERIAL NUMBER 10/756,829	FILING DATE 01/14/2004 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. 55071-328
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APPLICANTS

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SM

 ** CONTINUING DATA *****

This appln claims benefit of 60/439,808 01/14/2003
 and claims benefit of 60/530,656 12/19/2003

None SM

 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature Initials SM				

ADDRESS

20277

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TITLE

Method of optical proximity correction design for contact hole mask

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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